

## **Talking Points for Grassroots Visits in the States and Districts June 2025**

### **1) Focus on protecting the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health (NIH).**

#### **ASK: Protect and grow the country's investment in health services and biomedical research.**

AHRQ plays a vital role in improving the safety, effectiveness and affordability of the healthcare system.

- Tennessee hospitals saved \$17 million by reducing readmissions and safety events based on AHRQ's initiatives.
- The agency's patient safety work reduced patient falls by 25% at a Mississippi medical center, saving approximately \$238,000.
- To reduce the burden of chronic diseases, AHRQ has developed evidence-based resources on managing conditions like obesity and diabetes.

#### **Share information about your previous or current AHRQ-supported research if possible.**

AHRQ's work supports primary care, which is key for a high-performing health system that reduces the burden of chronic diseases.

- AHRQ's National Center for Excellence in Primary Care Research conducts studies that lead to significant improvements in how primary care is delivered and financed.
- By focusing on innovative care models, the integration of technology, and the development of a resilient and well-supported primary care workforce, this research aims to transform primary care into a more patient-centered and efficient component of the healthcare system.
- Enhanced primary care services lead to better health outcomes, reduced healthcare costs, and decreased hospitalizations and emergency department visits.

Protect AHRQ's functions and ensure there is adequate support for its research portfolio on as part of the HHS reorganization.

- HHS has reported that AHRQ will be eliminated a standalone agency and be moved into a new Office of Strategy.
- Given the importance of AHRQ's work to primary care and the effectiveness of the healthcare system, its functions must be preserved as part of this reorganization.
- Ensure that Congress provides oversight of these changes and protects AHRQ's functions so HHS continues to carry out AHRQ's mission.

#### **Why Invest in NIH-supported biomedical research**

- NIH funds foundational, high-risk research that typically is not supported by industry.
- Federal support for NIH supports collaboration across institutions and states, including research networks, other research infrastructure, and training programs.
- NIH supports education and research opportunities for the next generation of and early-stage investigators. Without federal support for the future of the research workforce, we risk cutting off the next generation of researchers.

- NIH-supported research occurs in every state and nearly every congressional district. **Share [information](#) from your state/district.**
- NIH funding directly and indirectly supports hundreds of thousands of jobs nationwide, including nearly 408,000 jobs supported in FY 2024.

**Share details on support you have received from NIH, if applicable.**

NIH supports important research in primary care.

- The NIH runs a pilot program to integrate clinical research with community-based primary care, which is designed to get research findings to patients quickly.
- Earlier this year, the NIH announced a new funding opportunity to support a better understanding of the role, capacity, and value of primary care to improve patient outcomes and population health by delivering whole healthcare across the lifespan.
- Research like this is critical to making Americans healthier and reducing the burden of chronic diseases, like diabetes, cardiovascular disease, and kidney disease.

Impact of Cuts to NIH

- The Administration's FY 2026 recommendation for NIH of \$27.9 billion, a cut of \$18.1 billion, would end the U.S.'s leadership in biomedical research. Congress must reject this cut and continue to provide robust investment in NIH.
- Cuts to NIH funding will result in fewer R01s – the most used grant program for independent research projects. Twenty-one percent of R01s were funded across NIH in FY 2023, the most recent year this data is available. Projects funded by R01s produce results that are specific and actionable as the grants focus on a “discrete” problem. Additionally, applicants must provide a “public health relevance” statement that makes the connection between the subject to be studied and a direct benefit to public health.
  - NIH is currently making multi-year awards, which means that the funding for the full award will be provided to the grantee at once rather than over the term of the grant. This will result in fewer grant awards being made and paylines decreasing. Furthermore, this will result in few to no R01s being granted because multi-year funding is made for a term shorter than the typical five years of a R01.
- Should the proposed cap on facilities and administrative costs be implemented, many institutions would no longer be able to afford the costs necessary to perform research or would scale back significantly. Impacts will be greater for smaller, less resourced institutions. Across institutions:
  - Jobs would be lost;
  - Laboratories would close; and
  - The research workforce capacity would be cut, particularly as clinician-scientists would be forced to spend more time in clinic.
- Cuts to NIH will result in fewer clinical trials, less fundamental discovery research, slower progress delivering new innovations and life-saving advances, and erosion of U.S. leadership in biomedical research.

## **2) Protect Medicaid in the reconciliation package being developed by Congress.**

**ASK: Oppose cuts to the Medicaid program and any policies that would increase the number of uninsured individuals in the country in the reconciliation package.**

Background on the Medicaid Program

- Medicaid provides health care coverage to one in five Americans – more than 70 million people. Approximately 42% of Medicaid beneficiaries are adults, 36% are children, 10% are disabled, and 10% are age 65 and older.
  - Any policy changes that increase the number of uninsured Americans move the country further from the administration's goal to make America healthy again.
- **Include information about the percentage of Medicaid beneficiaries in your state and practice, if available.**
  - The Kaiser Family Foundation has [information](#) on the Medicaid program in individual states online that you can use to tailor your message to address how changes will affect beneficiaries in your state.
- Medicaid provides a range of mandatory benefits, ranging from physician services, inpatient and outpatient hospital services, laboratory services, nursing facility services, and home health care services as well as optional benefits like dental and vision services, prescription drug coverage, and hospice services.

Background on the *One Big Beautiful Bill Act* (H.R. 1)

- As the Senate begins consideration of the *One Big Beautiful Bill Act*, the House-passed reconciliation package, SGIM urges the Senate to oppose cuts to the Medicaid program to protect access to care for Americans.
- The Congressional Budget Office (CBO) is [projecting](#) that 10.9 million more people will become uninsured—because of changes to Medicaid and Affordable Care Act exchanges—if this bill is enacted into law.
- The proposals currently under consideration include mandatory work requirements and more frequent eligibility verification. While there is an exception to the work requirements for those who are medically frail or otherwise have special medical needs, demonstrating this could be administratively burdensome for patients.
- Ultimately, these policies would reduce access to care, delay treatment, and worsen outcomes for patients who need care the most.

Impact of Cuts to the Medicaid Program

- Medicaid is the largest source of federal funding for states. Cuts to the federal share of Medicaid will force states to raise taxes, cut other state programs, or cut Medicaid benefits, payment, or coverage. In FY 2023, Medicaid spending totaled \$880 billion, of which 69% was federal spending.
- Indiscriminate reductions in Medicaid funding and benefits will not only affect beneficiaries' access to physician services, but also nursing home and long-term care services, non-emergency medical transportation, and prescription drugs.
- Medicaid provides a non-emergency transportation benefit. Should cuts eliminate this benefit, many beneficiaries will be unable to get to their doctors' offices.
  - Lack of transportation will be particularly problematic in rural areas where individuals must travel long distances to access care.
  - Without transportation, individuals typically delay care until a problem is acute.

- Medicaid is an important source of prescription drug coverage. Without this coverage, many beneficiaries will not be able to afford lifesaving medications.
  - This is especially true for people with complex psychiatric and mental health conditions. Many of these patients can rapidly decompensate if they miss even a few days of their medications and need to be hospitalized.
- Veterans will also be impacted by Medicaid cuts.
  - Many veterans are dually eligible beneficiaries, qualifying for veterans' health benefits and Medicaid to help pay for their out-of-pocket medical expenses.
  - Cuts to the program threaten veterans' access to care if they are no longer able to afford out-of-pocket expenses.
- SGIM also anticipates that the effect of Medicaid cuts will be felt by those outside of the program. Should states, practices, and providers see Medicaid funding decrease, Medicare beneficiaries and individuals with private insurance will also be affected.
  - Medicaid pays Medicare premiums and often provides wraparound coverage for services not covered by Medicare for nearly 1 in 5 Medicare beneficiaries.

#### Impact of Medicaid Cuts on Primary Care

- Cuts to the Medicaid program would undermine the healthcare system by making services less accessible, exacerbate the shortage of primary care physicians, and move the country further from the administration's goal of ending the country's chronic disease epidemic.
- Medicaid ensures stability for primary care practices, especially in underserved areas.
  - Hospitals and physician practices may choose not to add more providers or fill open positions if Medicaid reimbursement decreases.
  - Patients, regardless of their insurer, already face significant wait times to see general internal medicine physicians and other primary care clinicians because of the persistent workforce shortage.
- Policies that reduce Medicaid funding for states will only exacerbate the problem that patients face in accessing primary care.
  - When patients lose access to primary care, they often delay care until conditions worsen, leading to costly emergency department visits and hospitalizations.
  - Americans will become sicker through the underutilization of primary and preventative care and doctors and hospitals will be overwhelmed with complex cases and unmanaged chronic diseases.
  - Patient access to a full range of benefits is essential to help Americans manage their complex chronic conditions and meet the administration's goal to end the country's chronic disease epidemic.